



1-23-06

1FW 2655/1

EXPRESS MAIL NO. EV52982777US

**TRANSMITTAL
FORM***(To be used for all correspondence
after initial filing)*

Application Number	10/007,299
Filing Date	November 8, 2001
First Named Inventor	Giovanni B. Marchisio
Art Unit	2655
Examiner Name	Matthew J. Sked
Attorney Docket No.	480193.402

ENCLOSURES (check all that apply)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment/Response
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input checked="" type="checkbox"/> Information Disclosure Statement and Transmittal
<input checked="" type="checkbox"/> Cited References
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53
<input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Request for Corrected Filing Receipt
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address
<input type="checkbox"/> Declaration
<input type="checkbox"/> Statement under 37 CFR 3.73(b)
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s)
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (<i>Appeal Notice, Brief, Reply Brief</i>)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Return Receipt Postcard
<input checked="" type="checkbox"/> Other Enclosure(s) (<i>please identify below</i>):
<u>Applicant Initiated Interview</u>
<u>Request Form; Copy of</u>
<u>PTO-1449</u> |
|---|---|---|

Remarks**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number	00500
Signature	<i>Ellen M. Bierman</i>		
Printed Name	Ellen M. Bierman		
Date	January 19, 2006	Reg. No.	38,079

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450; Alexandria, VA 22313-1450 on the date shown below.

Signature		
Typed or printed name		Date:

Effective on 12/08/2004.

Filed pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

for FY 2005

Complete if Known

Application Number	10/007,299
Filing Date	November 8, 2001
First Named Inventor	Giovanni B. Marchisio
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Art Unit	2655
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☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **690**
METHOD OF PAYMENT (check all that apply)

- ☒ Check ☐ Credit Card ☐ Money Order ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
☐ Charge any additional fee(s) or underpayments ☒ Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
<u>95</u>	-20 or HP = <u>0</u>	X	=	_____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
<u>10</u>	-3 or HP = <u>0</u>	X	=

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	-100 = _____	/50 = _____ (round up to a whole number)	x _____	_____

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): <u>3 Mo. Petition for Extension of Time</u>	<u>510</u>
<u>Information Disclosure Statement Fee</u>	<u>180</u>

SUBMITTED BY

Signature	<u>Ellen M. Bierman</u>	Registration No. (Attorney/Agent)	38,079	Telephone	206-622-4900
Name (Print/Type)	Ellen M. Bierman	Date	January 19, 2006		

Applicant Initiated Interview Request Form

Application No.: 10/007,299First Named Applicant: Giovanni B. MarchisioExaminer: Matthew J. SkedArt Unit: 2655Status of Application: Pending**Tentative Participants:**(1) Ellen M. Bierman(2) Examiner Matthew J. Sked(3) SPE Wayne Young

(4) _____

Proposed Date of Interview: TBD (at
Examiner's convenience)Proposed Time: after 10 am PST (AM/PM)**Type of Interview Requested:**(1) ☒ Telephonic(2) ☐ Personal(3) ☐ Video ConferenceExhibit To Be Shown or Demonstrated: ☐ YES ☒ NO

If yes, provide brief description: _____

Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>112 Rejections</u>	<u>81</u>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) <u>102(e) Rejections</u>	<u>2, 13-24, 26, 27, 38-48, 50-54, 56-66, 68-80, 89, 93-94</u>	<u>Govrin et al.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

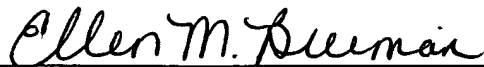
☒ Continuation Sheet Attached**Brief Description of Arguments to be Presented:**

An interview was conducted on the above-identified application on _____.

NOTE:

This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP § 713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.33(b)) as soon as possible:



(Applicant/Applicant's Representative Signature)

(Examiner/SPE Signature)

Ellen M. Bierman

Typed/Printed Name of Applicant or Representative

38,079

Registration Number, if applicable

Continuation Sheet of Issues to be Discussed

Issues To Be Discussed						
	Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(3)	102(b) Rejections	81-83, 85-88	Ho	[]	[]	[]
(4)	103(a) Rejections	3-12, 25, 28-37, 90-92	Govrin et al.	[]	[]	[]
(5)	103(a) Rejections	84	Ho			